

ABSTRACT

SOCIAL WORK

THOMAS, MICHELLE

B.S.W. Southern Illinois
University, 1986

A DESCRIPTIVE STUDY OF SUBSTANCE ABUSE BY PARENTS WHO
ABUSE AND NEGLECT THEIR CHILDREN

Advisor: Prof. Naomi T. Ward

Thesis dated: July 1991

The overall objective of this study was to present characteristics of parents with substance abuse problems and how these relate to child abuse and neglect. To attain this objective, the literature addressed the following areas: a) parent-child

communication, b) family break up c) more coordination between professionals d) relapse, e) permanency planning and f) parental failure. The study's survey of parents focused upon:

- a.) Demographics
- b.) Use of substance and frequency of relapse
- c.) Childrearing practices and
- d.) parents beliefs about the understanding of their case welfare caseworkers and substance abuse counselors.

A survey was administered to parents who were clients of a child welfare agency in the Atlanta metropolitan area.

The study was an attempt to provide a clearer understanding of families who are confronted with the dual problems of substance abuse and child abuse and neglect.

A DESCRIPTIVE STUDY OF
SUBSTANCE ABUSE BY PARENTS
WHO ABUSE AND NEGLECT THEIR CHILDREN

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
MICHELLE SYLINDA THOMAS

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

JULY 1991

R-VI

R 87

Acknowledgements

I thank God above for providing me the strength to carry on. I thank my family for supporting me while I took on this enduring task of completing my Master's degree at Clark Atlanta University. I thank Prof. Naomi T. Ward for her patience, guidance and support. Further, I thank all of my friends for their encouragements, support and understanding. I also thank the staff at Clark Atlanta University School of Social Work and Fulton County Department of Family and Children Services. Many thanks to all the participants in my study. A special thanks to my daughter, Ayana. I also thank my typist, Ms. L. Hancock.

TABLE OF CONTENTS

	<u>Page</u>
ACKNOWLEDGEMENTS	ii
LIST OF TABLES	v
CHAPTER	
I. INTRODUCTION	1
Statement of the Problem	4
Significance/Purpose of the Study	6
II. REVIEW OF THE LITERATURE	9
Communication Gap	9
Family Break Up	10
Coordination Between	
Professionals	11
Relapse	12
Permanency Planning	13
Parental Failure	15
Overview of Major Theoretical	
Orientations	19
Definition of Terms	21
Statement of Hypothesis Number One	23

TABLE OF CONTENTS -- Continued

	<u>Page</u>
III. METHODOLOGY	24
Research Design	24
Setting and Site	24
Sampling	25
Data Collection Procedure	
(Instrumentation)	26
Data Analysis	27
IV. PRESENTATION OF RESULTS	28
V. SUMMARY AND CONCLUSIONS	64
Limitations of the Study	66
Suggested Research Directions	70
VI. IMPLICATION FOR SOCIAL WORK PRACTICE	72
REFERENCES	75
APPENDIX	79

LIST OF TABLES

<u>Table</u>	<u>Page</u>
1 Type of Drug	31
2 Age Began Using Alcohol	32
3 Age Began Using Crack	34
4 Age Began Using Cocaine	35
5 Age Began Using Marijuana	36
6 Frequency of Alcohol Use	37
7 Frequency of Crack Use	38
8 Frequency of Cocaine Use	39
9 Frequency of Marijuana Use	40
10 Duration of Crack/Cocaine at That Level . . .	41
11 Type of Placement	44
12 Number of Children in Custody	45
13 Age Disabled to Care for Child	46
14 Attempts to Regain Custody	47
15 Visits with Children	48
16 Past Child Discipline	49
17 Current Discipline Choices	50
18 Substance Abuse Worker Understood	51
19 Parents' Communication with Children	52
20 Caseworker Understanding	53
21 Parents' Experiences with Relapse	53

LIST OF TABLES -- Continued

22	Care of Child When Relapsed	54
23	Ability to Care for Child While Under the Influence of Crack/Cocaine	55
24	Children Present While Doing Drugs	56
25	Duration of Drug Use Before Children Came Into Custody	57
26	Arrests Related to Substance Abuse	58
27	Left Home In Search of Drugs	59
28	Current Childrearing Assistance	60
29	More Resources For Intensive Treatment Needed	61

CHAPTER I

INTRODUCTION

Substance abuse by parents is an increasing problem confronting child welfare systems. Children entering foster care due to their parents' substance abuse has increased. Specifically, cocaine abuse by parents is a major problem.

Cocaine is an illegal drug. Parents with addiction problems are likely to spend lengthy time incarcerated since the drug use as well as activities necessary to support the habit such as prostitution, stealing and selling are illegal (Koppelman and Jones, 1989). Children whose parents have substance abuse problems may be cared for by another responsible caretaker. Unless another caretaker is available, children may be removed from the parents and placed in foster care or some alternative living arrangements are to be found.

The increased use of drugs has strained service programs in several parts of the United States. Crack/cocaine abuse and child abuse and neglect by parents are two complicated problems that confront

child welfare service programs. Substance abuse by itself is a complex problem. Therefore, child welfare service programs are confronted with dual problems of substance abuse and child abuse/neglect. This dual problem has national, state and urban significance.

In a national survey of forty-one states and the District of Columbia, the National Committee for the Prevention of Child Abuse and Neglect (1988) found that deaths of children were on the rise because of the Nation's "pervasive" substance abuse problem and an acute shortage of child welfare services for at-risk families. One state, the state of Georgia's Division of Family and Children Services (1990), conducted a survey that found children of substance abusers to be abused physically and sexually, neglected and abandoned. However, the devastating impact of the problem seems to be in large cities.

The National Committee on the Prevention of Child Abuse and Neglect (1988) reported that in New York City, in cases where parents were involved in drugs, 73 percent of children's deaths as a result of neglect and abuse increased from 11 percent in 1985. Representative George Miller, of California, released a survey in 1985

of metropolitan hospitals which showed that the number of infants "born hooked" to crack/cocaine and other drugs continued to escalate. Fifteen of these hospitals contacted reported that the number of infants born drug-exposed increased by three to four fold since 1985.

Many other urban areas have experienced child abuse and neglect as well as an increase in drug-exposed infants and a need for foster care placements. For example, the city of Rockford, Illinois with a population of 150,000 reported in 1989, 27 infants exposed to cocaine inutero. These statistics were cited as an increase over the previous year.

In the Washington, D. C. area, substance abuse was cited to be a dominant characteristic in child abuse/neglect cases in 1988. Almost 90 percent of the caretakers reported for child abuse were described as active substance abusers. Fulton County Department of Family and Children Services (1990), located in Atlanta, Georgia, revealed that crack/cocaine cases were higher in number when compared to alcohol and poly drug use. Dr. Neal Halfon of Oakland, California Children's Hospital Center for the Vulnerable Child

stated that communities should set up teams of professionals. He further stated that services should extend from prenatal care to foster and family support and to family care with long-term support. The most popular substance noted was chiefly crack and cocaine.

Given the magnitude of the dual problem of substance abuse and child abuse/neglect, most of the attention has focused on its devastating impact on child welfare services. Little emphasis has been given to obtaining information from the parents relative to how they perceive the connection between the two problems. This study investigated issues related to parent's substance abuse and child abuse and neglect. The focus was on crack/cocaine use in relation to issues such as, parent-child relationships, parents' ability to provide adequate care and childrearing practices.

Statement of the Problem

Child welfare systems are becoming increasingly overwhelmed by the number of children entering foster care because of their parents' substance abuse problems. Child welfare workers are faced with the

responsibility of addressing substance abuse issues and the child abuse and neglect issues.

According to Coulborn (1984), an addicted parent spends a great deal of time high or seeking money for drugs and is seldom available to the child. Unless another caretaker is available, children are left unprotected, unsupervised and possibly abandoned.

Daley (1987), recognized substance abuse as multifaceted problems with physical, psychological, social and spiritual components that vary widely across individuals. Coulborn (1984) stated that one of the ironies of the present decade for child welfare workers is that professionals are being exhorted to maintain abused and neglected children in their homes, and to expeditiously return them if they have been removed in a context of reduced resources for in home services to families.

The researcher's experience in child welfare has found that it is often difficult to engage a parent with a substance abuse problem in meaningful planning whenever the parent admits continued abuse of substances.

The problem of substance abuse and child abuse and neglect need to be studied due to the increased number of children being exposed to abusive and neglectful conditions. Social workers need to be aware of current practice techniques utilized when practicing with substance abusers and their families. Also, social workers should be knowledgeable about how the use of drugs interferes with the parents' adjustment in making a permanent plan for their children and themselves. This interference seems to be related to the parents' ability to provide for her/his child or children. Understanding the parents' child care practices becomes a complex problem for child welfare workers.

Significance/Purpose of the Study

The purpose of this study is to examine issues of parental substance abuse and child abuse and neglect. This study will provide the researcher with an opportunity to gain information and knowledge about parents' use of illegal substances and their ability to care for their children.

The researcher's interest in this subject evolved from observation of problems of substance abuse among parents whose children were in foster care. The

researcher's interest in the subject also emanated from concerns about parents making the necessary kinds of changes that might lead to reunification of families.

These concerns may be of interest to other child welfare workers who are involved in planning with and in the interest of parents and children.

Child welfare workers, in general, are confronted with increased numbers of children entering foster care and seem to find the dual problem of substance abuse and child abuse/neglect to be complex. Thus, this study might have some importance to other child welfare professionals.

The problem of substance abuse among parents whose children are in foster care has implications to social work practice in that child welfare workers are being exhorted to maintain abused and neglected children in their homes. Chronic and compulsive cocaine use among parents could lead to adverse physical, social and psychological consequences. Frequently, parents interpersonal relationships disintegrate; they might also experience health problems. In addition, due to the drug's high cost, chronic use can produce tremendous financial burdens.

More information on the parents' recognition of the scope of the problem might be significant to social workers in their intervention in this dual problem that appears to have multiple affects. Therefore, it is important to examine the relationship that substance abusers had with their children and their ability to provide adequate care and childrearing practices.

CHAPTER II

REVIEW OF THE LITERATURE

A review of the literature suggested several factors which are related to substance abuse and child abuse and neglect. These factors include parent-child communication gap, family break up, more coordination between professionals, relapse, permanency planning and parental failure.

Communication Gap

Jurich, Polson, Jurich and Bates (1985) focused on family variables which were generic to drug users and which were associated with drug abusers. Their study of a population of drug users and abusers reported having families with high frequency of parental absence, scapegoating, hypocritical morality, divorce, mother-father conflict and family break ups. Further, it was found that drug abusers reported significantly more of a communication gap between themselves and their parents than did drug users. Drug abusers tended to use "psychological crutches" to cope with stress. Communication gaps between parents and children had a significance in understanding the parents' functioning.

Although the use of crack/cocaine was not included in Jurich's study, the communication gaps between parents and children had a significance in understanding the parents' functioning.

Family Break Up

Koppelman and Jones (1989) found crack/cocaine to be a cause for family break up. Their review of data from the National Institute of Drug Abuse and the Centers for Disease Control and other sources focused on crack/cocaine's destruction on already fragile low income families. Their review of data from police files, drug abuse hotlines and emergency room files revealed that users of crack/cocaine were increasing among the urban poor. The authors recognized that crack/cocaine was a problem in middle-class neighborhoods and even rural America, but crack/cocaine was decimating the lives of low income children and families in inner cities.

Further findings indicated that unlike the heroin trade, which was run by adult dealers, crack trafficking was dominated by teenagers and children. Koppelman and Jones further revealed that until policy makers devise a way to reduce the supply of

crack/cocaine and the demand for the drug, the nation's social service system will continue to bear the burden of crack victims. Koppelman and Jones' data had significance to this research in that it addressed some of the concerns of child welfare workers about crack/cocaine and its impact on family functioning.

Coordination Between Professionals

Research has consistently demonstrated a close relationship between alcohol and other drug abuse or addiction and incidents of child abuse and neglect; yet, there is little coordination between relevant service providers. Congress mandated in the Federal Child Abuse Prevention and Treatment Act of 1974 that professionals in a variety of fields report suspected or actual child abuse and neglect (Saltzman, 1986). Holzhaver (1979) discussed that families experiencing child abuse or neglect and substance abuse problems have been encouraged to self refer themselves because of regulatory and social difficulties involved. Holzhaver (1979) further revealed that other studies indicated that community social services involved in both child abuse and substance abuse are inadequate and rarely well organized or coordinated. Reporting over

the years had increased but little attention had been given to substance abuse among child abusers. The researchers' experience in child welfare indicated that there were gaps in the coordination between services alcohol and drug and child welfare systems.

The significance of information regarding coordination of services is that the parents with dual problems of substance abuse and child abuse and neglect may not receive the types of services needed in both problem areas.

Relapse

From the review of outcome studies and relapse rates, one could conclude that this is a major problem for social workers and other professionals working with substance abusers and their families.

Daley (1987) discussed the problem of relapse with alcoholics and other drug abusers. He further discussed the problem from three perspectives: 1) client-related variables, 2) common erroneous beliefs and myths held by professionals regarding relapse 3) and treatment systems problems that may contribute to relapse and presented a model of relapse prevention strategy. The author integrated clinical experience,

relapse literature and data collected on 150 patients who completed treatment. He found that relapse was a highly common and predictable component of recovery for the majority of substance abusers. Daley (1987) suggested that social workers need to recognize and deal with the reality of relapse, examine their attitudes and perceptions of relapse and become more educated and skillful in working with relapsers and family members.

These findings regarding relapse had significance for this study in that it may be necessary to renegotiate goals if the substance abuse parent encounters a relapse.

Permanency Planning

A review of the literature suggested that there have been few attempts to classify child welfare cases in a manner that might suggest differential use of intervention resources for parents with substance abuse problems. Coulborn (1984) identified four categories of cases within child welfare case loads. These categories are:

1. Families that will not respond to intervention in a manner that will bring the

family to the minimum sufficient level of child care within the child's time frame.

2. Families that do not have the potential to respond to intervention but require intensive and sometimes extensive outreach and family based service.
3. Families that benefit from traditional protective services intervention.
4. Families whose problems are not so severe and can be alleviated with less coercive intervention.

The above case categorization had been developed without the opportunity to make comparisons to similar work done by other practitioners and researchers.

Coulborn's (1984), findings are important to this study due to the fact that parents with substance abuse problems tended to respond to treatment in their late thirties but children cannot wait this long. The author specifically classified families in different categories and suggested differing types of intervention.

Parental Failure

In 1966, a longitudinal study of children who had entered foster care in New York City was initiated at the Columbia University School of Social Work. Six hundred and twenty four children from four hundred and sixty seven families constituted the sample (Fanshel, 1975).

David Fanshel's research centered upon the developmental progress of the children. Several assessment procedures were employed. Intelligence tests and projective tests were administered to children. Schedules were mailed to caseworkers to secure their assessments of the children's developmental progress, behavioral disposition and symptomatic behaviors. Direct interviews with parents and reports from school teachers about the school performance of the subjects were also utilized. After several years, Fanshel became aware that there was accumulated evidence in the research files that some of the children were the offspring of mothers who were severe drug abusers. A mother was considered a severe drug user whenever described by some informants in the

systems as having been on hard drugs for two or more years.

The author identified 44 children of 33 mothers in the sample where the evidence was strong that a severe problem around drug abuse existed. As a result of the research, the author's findings in regards to the mothers revealed that:

1. The mothers were engaged in substance abuse for a sustained period of time before their children entered care.
2. The surrounding circumstances of their lives were suffused with tales of personal demoralization and deprivation.
3. Arrests for prostitution or drug possession and movement in and out of jail was a common occurrence in the lives of these women.
4. The drug addiction was viewed as a more extreme form than was normally encountered in treatment clinics where less deteriorated users of hard drugs were likely to be the major clients for service.

It was interesting to note that the findings predicted substance abuse as a problem which would loom larger in the years to come.

The developmental progress of children whose mothers were substance abusers were also addressed in this study. It was found that the cognitive abilities and personal adjustment appeared to be normal but significantly poorer school adjustment patterns were observed. Such children are disproportionately locked into the foster care system.

Fanshel (1975) added to his findings the following questions about the fate of these children:

1. Given the high investment of funds required to sustain these children in foster care, could resources be made available for more intensive treatment of the addiction problem of their mothers?
2. Alternatively, if restoration of the mothers to a more adequate level of functioning is not deemed feasible, given the limitation of treatment programs, can early termination of rights be considered an appropriate approach to the problems presented by these women?

3. Is there a need for a closer working relationship between agencies offering foster care services and those with expertise in addiction services?
4. Would earlier and more reliable estimates of the treatability of a mother's drug abuse problem as provided by those who have expertise in this area, offer child welfare agencies a firmer base for early dispositional planning when such children enter fostercare?

Fanshel's study was significant to this study, in that it discussed the similar problems. The problems addressed in Fanshel's study were: parents with substance abuse problems, their inability to properly parent their children and restoration of mothers to a more adequate level of functioning. Problems of child welfare service delivery, and the need for a closer working relationship with those with expertise in addiction services were also emphasized.

Overview of Major Theoretical Orientations

The major theory employed in this study was systems theory. System theory consist of those

concepts that emphasize reciprocal relationships between the elements that constitute a whole. A social system is a dynamic unit of interaction activity and emotion which has definable boundaries and means of maintaining its own equilibrium and is available for assessment, (Barker, 1987). For the purpose of this study, parents are viewed as bio-social-psychological systems interacting with their children as sub-systems and interacting with other systems in the environment.

Substance abuse and child abuse and neglect are very complex problems with many associated factors that are often manifested through several factors. Some of the factors are behavioral, cognitive, environmental, psychological and spiritual.

This study focuses upon behavioral factors associated with substance abuse. These factors may involve such competencies as problem solving in child rearing and social skills in terms of the parent's ability to communicate with their children.

Environmental factors that include cultural and social influences also have an impact on substance abusers. For example, if substance abusers frequently encounter an environment where other persons use

substance, the abusers run the risks of using the same substances.

Treatment related factors include the substance abusers motivation for recovery and possible difficulties encountered within treatment systems.

The National Roundtable on CPS Risk Assessment and Family Systems (1987) identified that child abuse and neglect is not the result of one high risk factor being present in the family but rather a reflection of multidimensional factors of different systems occurring simultaneously in abuse and neglect situations.

This perspective would seem to suggest that parents and children who were experiencing these problems are more than likely a dysfunctional family system. Parents with substance abuse problems tended to be preoccupied with their addiction. Their children are left unprotected and unsupervised.

Definition of Terms

Substance Abuse - A pathological pattern of use for at least one month that causes impairment in social or occupational function.

(DSM III, 1989).

Cocaine is obtained from dried coca leaves, it is a narcotic and local anesthetic. (Johanson, 1986).

Crack is made by converting cocaine from powder to its more potent basic form with heat, water and a cutting agent. It hardens into a hard rock like form.

(Johanson, 1986).

Child Welfare - That part of Human Services and Social Welfare programs and ideologies orientated toward protection, care and health development of children.

(Barker, 1987).

Interview - A meeting between people in which communication occurs for specific and usually predetermined purpose. (Barker, 1987).

Fostercare - The provision of physical care and family environments for children who are unable to live with natural parents. Placements consist of institutional, foster home or relative care. (Barker, 1987).

Relapse refers to the "event" of resumption of substance use after a period of abstinence or the "process" of returning to substance use. (Daley, 1987).

Child - A child refers to a minor from the ages of 0-18 years whose legal custody is temporarily transferred to the Fulton County Department of Family and Children Services.

Parent - A parent is referred to as a biological mother or father, whose child(ren) have been removed from their home. A parent is also a caretaker of a minor child.

Communication - Communication is the act of giving or receiving of information by talking (World Book, 1970).

Child Abuse - Child abuse is any nonaccidental physical injury inflicted on a child by a parent or other caretaker deliberately or in anger (Ebeling, Hill, 1983).

Child Neglect - Child neglect may be defined as a condition which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or facts to provide one or more of the

ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities. (Ebeling, Hill, 1983).

Statement of Hypothesis Number One

Parents who use substances are not aware of the effects and its connection to childrearing.

CHAPTER III

METHODOLOGY

Research Design

A research design was utilized in this study. Survey research was used to gather data. The study involved survey research which consisted of asking a convenience sample of individuals to respond to a set of questions about their backgrounds, past experiences, use of substances and childrearing practices.

This design was used to examine demographics, use of substance and frequency of issues involving relapse, childrearing practices and parents beliefs about the understanding of their child welfare caseworkers and substance abuse counselors.

Setting and Site

The research setting was the Child Protective Services Foster Care Unit of Fulton County Department of Family and Children Services, Atlanta, Georgia.

Atlanta, Georgia is a southeastern city within the United States. The philosophy and purpose of the Protective Services program are to prevent further

neglect and abuse, to prevent separation of families through the casework process (Fulton County Department of Family and Children Services, 1991)

Sampling

A convenience sample of individuals was chosen from caseloads consisting of 309 cases within the placement services section of foster care at Fulton County Department of Family and Children Services. Each child welfare caseworker within the placement Unit I was asked to submit names of individuals whose child protective service investigation indicated crack/cocaine abuse by the parent was a contributing factor leading to their children entering foster care.

Forty-seven individuals were identified by the child welfare worker (Social Service Specialist). Once these individuals were identified a release of information form and a consent letter (Appendix B) requesting their participation in the study were mailed to their addresses. Once the individuals agreed to participate, a convenience sample of 25 respondents was selected from the previous 47 participants identified to participate in the study. The 25 respondents were

chosen as a result of their willingness to voluntarily participate in the study.

Data Collection Procedure (Instrumentation)

Each individual was interviewed by the researcher. The data was collected at the agency when the parents came there for appointments. Data was also collected in the homes of the parents.

The data was collected through the use of a questionnaire consisting of three sections and 34 items (Appendix A). The section of the questionnaire solicited information on: I. Demographics; II. Use of Substance; and III. Childrearing.

The data collection procedure consisted of interviews with the participants to explain the purpose of the study and to answer any questions. The researcher conducted the interview and administered the questionnaire. The questionnaire was administered to the parents in their homes by appointments and in the office based on the request of some of the parents. The parents completed the questionnaire; the researcher was available to answer any questions.

Data Analysis

Once the data was collected, the researcher entered the data on a SPSSX computer program. The data was cross tabulated for analysis. Values were placed upon each individual's response to a predetermined set of questions. The frequency and percentage of responses were shown. The mean scores were also revealed. The cross tabulation showed the occurrences of certain behaviors. Frequency distribution was utilized in the study due to the limited number of participants in the study.

CHAPTER IV

PRESENTATION OF RESULTS

The findings of this study are presented as follows: a) Demographics, b) Use of Substance and c) Childrearing practices, d) frequency distribution and statistical analysis.

Demographics

The demographics of the sample population are presented in terms of a) Sex (Gender), b) Age, c) Education, d) Marital Status, e) Religious Preference, f) Income and g) Race.

Gender

Of the twenty-five survey respondents, 21 (or 84%) were female and 4 (or 16%) were male. The majority respondents were female.

Age

The ages of the sample population ranged from 18 to 50 reflected as follows: four or (16%) were in the 18-25 age range, eleven or (44%) were in the 26-30 age range, eight or (32%) were in the 31-35 age range, one or (4%) was in the 36-40 age range and one or (4%) was

50 or older. The majority of the respondents were in the 26-30 age range. The mean age was 26-30.

Education

The educational level of the sample population ranged from some high school to Graduate degree and are reflected as follows: fifteen or (60%) had some high school, seven or (28%) were high school graduates and three or (12%) had some college education. The majority of the respondents had only some high school education.

Marital Status

The marital status of the survey population included single, married, separated or divorced. The findings revealed that: 19 or (76%) were single, 1 or (4%) was married, three or (12%) were separated and two or (8%) were divorced. The majority of the respondents were single.

Religious Preference

The religious preference of the survey sample population were as follows: 22 or (88%) were protestants and three or (12%) chose others.

Income

The income of the sample survey population ranged from \$0 to \$30,000 annually. Fifteen or (60%) were in the income range of \$0 to \$10,000 annually, eight or (32%) were in the income range of \$10,001 to \$15,000 annually while two or (8%) were in the income range of \$15,001 to \$20,000 annually. The majority of the respondents had income ranging from \$0 - \$10,000 annually. The mean income was \$0 - \$10,000.

Race

The race of the sample survey population were as follows: Twenty-three or (92%) were African-American, one or (4%) was white and one or (4%) was mixed (more than one race). The majority of the respondents were African-Americans.

A summary of the demographic findings revealed that the majority of the respondents were single, African-American females with some high school education only and had an annual income ranging from \$0 to \$10,000. The Protestant religion was the most represented religion among the majority of the respondents.

Use of Substances

The findings on the respondents' use of substances are presented according to their responses to whether or not they a) bought or used, b) the age began using drugs, c) the frequency of their use in the past month and d) duration of use at that level.

The respondents were asked if they "Bought or Used" five different drugs. Their responses would indicate more than one drug if such applied for respondents. Thus, the number of responses might exceed the study sample.

Bought or Used Drugs

The following table represents respondents answers to their type of drugs used in frequency and percentage.

Table 1

Type of Drug (N=25)

Response	Marijuana		Cocaine		Crack		Speed		Alcohol	
	F	%	F	%	F	%	F	%	F	%
Yes	20	80	22	88	22	88	10	40	23	92
No	5	20	3	12	3	12	15	60	2	8

Bought or used drugs as follows: Marijuana, 20 or (80%) responded yes while three or (12%) responded no; cocaine, 22 or (88%) responded yes and three or (12%) responded no; speed, 10 or (40%) responded yes while 15 or (60%) responded no; and alcohol 23 or (92%) answered yes while two or (8%) responded no. These findings show that the most frequently "bought or used" drug was alcohol followed by crack and cocaine.

Age Began Using Drugs

The respondents were asked at what age they began using drugs. Their use of alcohol, crack, cocaine and marijuana is presented in Table 2, 3 and 4.

Table 2

Age Began Using Alcohol (N=25)

Age	Frequency	Percentage
10-12	3	12
13-15	3	12
16-18	13	52
19-21	5	20
No Use	1	4
<hr/>		
Mean = 19.84	Median = 17.00	Std. Dev. = 16.69

Table 2 shows that respondents began to use alcohol as follows: Three or (12%) of the respondents indicated their alcohol use began between the ages of 10-12; three or (12%) began alcohol use between the ages of 13-15; thirteen or (52%) began alcohol use between ages 16-18. Five or (20%) began alcohol use between 19-21. One or 4% indicated no alcohol use. These results showed that a majority of the respondents reported that their drug use began between the ages of 16-18.

Age Parent Began Using Drugs

The respondents were asked at what age they began using crack.

Table 3

Age Began Using Crack (N=25)

Age	Frequency	Percentage
16-18	4	16%
19-21	8	32%
23-26	3	12%
27-29	8	32%
No Use	1	4%
No Response	1	4%

Mean = 29.20 Median = 23.00 Std. Dev. = 21.46

The respondents reported their ages that they began using crack. The results are as follows: four or (16%) began between the ages of 16-18; eight or (32%) began between the ages of 19-21; three or (12%) reported their ages as 23-26; eight or (32%) reported their age as 27-29 while one or (4%) reported no crack use. Thus, an equal number of respondents began using crack at ages 19-21 and 27-29.

The respondents were asked at what age they began using Cocaine.

Table 4

Age Began Using Cocaine (N=25)

Age	Frequency	Percentage
15-17	3	12%
18-21	9	36%
23-29	10	30%
Not at all	3	12%
No Use	1	4%

Mean = 31.44 Median = 23.00 Std. Dev. = 25.80

The findings as shown in Table 4 are presented. Three or (12%) began cocaine use between the ages of 15-17. Nine or (36%) began between the age of 18-21. Ten or (40%) began between the ages of 23-29. Three or (12%) responded not at all.

Age Began Using Marijuana

The respondents were asked at what age they began using marijuana.

Table 5

Age Began Using Marijuana (N=25)

Ages	Frequency	Percentage
12-16	6	24%
17-21	9	26%
23-29	5	24%
Not at all	4	16%
No Response	1	4%

Mean = 31.92 Median = 20.00 Std. Dev. 30.22

The results of the findings indicated are as follows: six or (24%) reported their marijuana use began at ages 12-16; nine or (26%) answered ages 17-21; five or (24%) answered ages 23-29; and four or (16%) answered not at all. The majority of the respondents answered that their marijuana use began between the ages of 17-21.

Frequency of Drug Use

The respondents were asked the frequency of drug use in the past month.

Table 6

Frequency of Alcohol Use (N=25)

When Used	Frequency	Percentage
Daily	5	20
At least once a week	12	48
Less than weekly	3	12
Not at all	5	20

Mean = 2.32 Median = 2.00 Std. Dev. = 1.03

The frequency of alcohol use in the past month as shown in Table 6 was as follows: Five or (20%) reported daily alcohol use; 12 or (48%) reported alcohol use at least once per week; three or (12%) reported alcohol use less than weekly; and five or (20%) reported no alcohol use. The majority of the respondents used alcohol at least once a week.

Crack Use

The respondents were asked the frequency of crack use in the past month.

Table 7

Frequency of Crack Use (N=25)

When Used	Frequency	Percentage
Daily	3	12
At least once a week	7	28
Less than weekly	7	28
Not at all	5	20
No response	3	12

Mean = 14.20 Median = 3.00 Std. Dev. = 31.97

Table 7 shows that three or (12%) of the respondents answered daily crack use; seven or (28%) reported crack use at least once a week; seven or (28%) reported less than weekly crack use; five or (20%) reported not at all and three or (12%) did not indicate a response. The majority of the respondents' use of cocaine from less than weekly to at least once a week.

Use of Cocaine

The respondents were asked to indicate their response to the frequency of cocaine use.

Table 8

Frequency of Cocaine Use (N=25)

When Used	Frequency	Percentage
Daily	1	4
At least once a week	4	16
Less than weekly	10	40
Not at all	5	20
No response	5	20

Mean = 22.16 Median = 3.00 Std. Dev. = 39.21

Table 8 shows the results as follows: one or (4%) reported daily cocaine use; four or (16%) reported cocaine use at least once per week; ten or (40%) reported less than weekly; five or (20%) reported no cocaine use and five or (20%) did not enter a response. The majority of the respondents answered less than weekly cocaine use.

Use of Marijuana

The respondents were asked the frequency of their marijuana use in the past month.

Table 9

Frequency of Marijuana Use (N=25)

When Used	Frequency	Percentage
Daily	5	20
At least once a week	3	12
Less than weekly	7	28
Not at all	5	20
No response	5	20

Mean = 21.88 Median = 3.00 Std. Dev. = 39.36

The frequency of marijuana use in the past month by the survey sample is as follows: Five or (20%) reported daily marijuana use; three or (12%) reported marijuana use at least once per week; three or (12%) reported marijuana use less than weekly; five or (20%) reported no marijuana use and five or (20%) did not respond to the question. The majority of the respondents answered less than weekly marijuana use.

Current Drug Use Level

The respondents were asked how long their crack/cocaine had been at that level.

Table 10

Duration of Crack/Cocaine at That Level (N=25)

When Used	Frequency	Percentage
Always	0	0
Past few years only	5	20
Past year only	9	36
Past six months	5	20
None of the above	6	24

Mean = 3.48 Median = 3.00 Std. Dev. = 1.08

The respondents were asked how long their drug use had been at the current level. The results are as follows: No one responded to the "always" at that level; five or (20%) responded past few years only; nine or (36%) responded the past year only; five or (20%) responded past six months and six or (24%) responded none of the above.

Summary of Parents' Use of Drugs

A summary of the findings revealed that alcohol is the most frequently "bought or used" drug followed by crack and cocaine. A majority of the respondents answered ages 19-21 and 27-29. Alcohol use began

between the ages of 16-18 for a majority of the parents. Furthermore, a majority of the respondents indicated that their first use of the drug cocaine was between the ages of 18-21. Marijuana use by a majority of the parents began between the ages of 17-21. The frequency use of crack/cocaine was at least once per week and less than weekly for a majority of the parents. A majority of the parents frequency of alcohol use was at least once per week. Cocaine use was indicated by a majority of the parents as less than weekly. Marijuana use was reported as less than weekly by a majority of the parents.

Childrearing Practices

Childrearing practices, frequency of relapse and parents beliefs about understanding of their child welfare workers and substance abuse counselor.

The child rearing practices, frequency of relapse and parents' beliefs are presented in terms of a) type of placement, b) how many children in custody, c) at what age became disabled to care for child, d) tried to regain custody of children, e) how often visit children, f) relationship to child in terms of communication, g) child welfare worker understand their

situation, h) substance abuse worker understand their situation, i) experienced relapse, j) did care of child change when relapsed, k) ability to care for child while under the influence of crack/cocaine, l) children present while doing drugs, m) how long did drugs before child came into custody, n) ever been arrested as a result of their substance abuse problem, o) how often left home in search of drugs, p) were current childrearing assistance sufficient, q) more intensive treatment needed. Data was collected on all of the above statements and the findings are presented in the following tables.

Children in Legal Custody of the State

All of the parents' children were in the custody of the state.

Type of Child Placement

The types of placement were either voluntary or involuntary. The respondents were asked what was the type of placement of their children.

Table 11

Type of Placement (N=25)

Type of Placement	Frequency	Percentage
Voluntary	3	12
Involuntary	22	88

Mean = 1.88 Median = 2.00 Std. Dev. .332

Table 11 shows that three or (12%) indicated voluntarily and twenty-two or (88%) were involuntarily placed.

The respondents were asked how many of their children were in the custody of the state

Table 12

Number of Children in Custody (N=25)

# of children	Frequency	Percentage
One	5	20
Two	13	52
Three	5	20
Four or More	2	8

Mean = 2.16

Median = 2.00

Std. Dev. = .850

Table 12 indicates five or (20%) responded one child in custody, 13 or (52%) two children in care, five or (20%) three or more and 2 or (8%) four or more children in custody.

Table 13

Age Disabled to Care for Child (N=25)

Age	Frequency	Percentage
17-18	1	4%
19-20	0	20%
21-23	5	20%
24-28	5	52%
29-31	13	52%
32-37	0	0
38-45	1	4%

Mean = 4.32 Median = 5.00

Table 13 indicates that parents felt that they became disabled in the care of their child(ren) at different ages: One or (4%) answered ages 17-18; five or (25%) answered ages 21-23; five or (20%) answered ages 24-28; 13 or (53%) answered ages 29-31 and one or (4%) answered ages 38-45. The majority of the respondents choose the ages 29-31.

The respondents were asked to choose their current choices of disciplining the children.

Attempts to Regain Custody

The participants were asked if they had tried to regain custody of their children.

Table 14

Attempts to Regain Custody (N=25)

	Frequency	Percentage
Yes	24	96%
No	1	4%
<hr/>		
Mean = 1.04	Median = 1.00	Std. Dev. .200

Twenty-four or (96%) responded they tried to regain custody of their children. One or (4%) responded no to whether they tried to regain custody of their children.

Visits with Children

The participants were asked to indicate how often they visited their children.

Table 15

Visits with Children (N=25)

	Frequency	Percentage
Everyday	1	4%
Every other day	4	16%
Once per week	11	44%
Once every two weeks	3	12%
Once every three weeks	1	4%
Once a month	5	20%

Mean = 4.52

Median = 4.00

Std. Dev. 1.55

One or (4%) visits his or her child everyday; four or (16%) visit their children every other day. Eleven or (44%) visit their children once a week, three or (12%) visit their children once every two weeks. One or (4%) responded he or she visit children once every three weeks. Five or (20%) visit children once a month.

Past Child Discipline

The participants were asked to indicate how they disciplined their children before they came in to foster care.

Table 16

Past Child Discipline (N=25)

Physical		Punishment		Talk		Other	
F	P	F	P	F	P	F	P
13	52	5	20%	5	20%	2	8%

Mean = 8.48 Median = 11.10 Std. Dev. 4.63

The respondents were able to chose more than one response. Thirteen or (52%) indicated physical discipline. Five or (20%) responded punishment as a form of past discipline. Five or (20%) responded that they talked to their children. Two or (8%) indicated other forms of discipline. The parents could choose more than one response.

Current Discipline Choices

The participants were asked to indicate their current choices of child discipline.

Table 17

Current Discipline Choices (N=25)

Physical		Punishment		Talk		No Response	
F	P	F	P	F	P	F	P
3	12%	7	28%	12	48%	3	12%

Mean = 3.64 Median = 11.00 Std. Dev. 4.75

The respondents were able to choose more than one response. Three or (12%) chose physical discipline. Seven or (28%) chose punishment as their choice of disciplining. Twelve or (48%) chose talking to their children as a form of discipline. Three or (12%) did not indicate a response.

Twelve or (48%) of the parents indicated that their child welfare worker understood their situation some of the time. Eleven or (44%) responded they felt their child welfare worker understood their situation all of the time. Two or (8%) indicated their child welfare worker never understood their situation.

Substance Abuse Worker Understood Situation

Participants were asked whether or not their substance abuse worker understood their situation.

Table 18

Substance Abuse Worker Understood

Substance Abuse Worker Understood	Frequency	Percent
Some of the time	13	52%
All of the time	11	44%
Never	1	4%

Mean = 1.56 Median = 1.00 Std. Dev. = .712

Thirteen or (52%) indicated that their substance abuse counselor understood their situation some of the time. Eleven or (44%) indicated their substance abuse worker understood their substance abuse worker understood their situation all of the time. One or (4%) indicated their substance abuse worker never understood their situation.

Communication

The parents were asked to indicate how they communicated to their children.

Table 19

Parents' Communication with Children (N=25)

	Frequency	Percent
Open	14	56%
Closed	11	44%

Mean = 1.44 Median = 1.00 Std. Dev. .507

The questionnaire defined open communication as the parent and child talk together when applicable. Closed communication defined closed communication as the parent does all the talking. Fourteen or (56%) chose open communication and eleven or (44%) responded closed communication.

Parents' Perception of Child Welfare Worker Understand their Situation

The participants were asked to respond whether or not they felt their child welfare worker understands their situation. The findings are indicated in Table 20.

Table 20

Caseworker Understanding (N=25)

CW Understands Situation	Frequency	Percentage
Some of the time	12	48%
All of the time	11	44%
Never	2	8%

Mean = 1.600 Median = 2.00 Std. Dev. .645

Parents' Experiences with Relapse

The participants experiences with relapse are presented in table 21.

Table 21

Parents' Experiences with Relapse (N=25)

Number of Times	Frequency	Percent
One	2	8%
Two	7	28%
Three or More	11	44%
No Response	5	20%

Mean = 2.60 Median = 3.00 Std. Dev. 1.00

One parent experienced relapse once. Two parents experienced relapse twice. Eleven or (44%) experienced relapse three or more times. Five or (20%) did not indicate a response.

Care of Child When Relapsed

The participants were asked if the care of the child changed when they relapsed. The results are as follows:

Table 22

<u>Care of Child When Relapsed</u>	<u>Frequency</u>	<u>Percentage</u>
Yes	19	76%
No	3	12%
No Response	3	12%
<hr/>		
Mean = 1.00	Median = 1.00	Std. Dev. .500

Nineteen or (76%) reported the care of their children changed when they relapsed. three or (12%) said the care of their child did not change. Three or (12%) did not indicate a response.

Care of Child While Under Influence of Crack/Cocaine

The participants were asked whether they were able to care for their children while under the influence of Crack/Cocaine.

Table 23

Ability to Care for Child While Under the Influence of Crack/Cocaine (N=25)

Able to Care For Child	Frequency	Percentage
Yes	5	20
No	19	76
No Response	1	4

Mean = 1.72 Median = 2.00 Std. Dev. = .542

Five or (20%) responded yes; 19 or (76%) responded no and one or (4%) did not respond. The majority of the respondents reported that they are unable to care for their children while under the influence of crack/cocaine.

Children Present While Doing Drugs

The participants were asked whether or not their children were present when they used drugs. The results are presented in Table 24.

Table 24

Children Present While Doing Drugs (N=25)

Children Present	Frequency	Percentage
Yes	16	64%
No	1	4%
Never	7	28%
No Response	1	4%

Mean = 1.56 Median = 1.00 Std. Dev. = .961

Sixteen or (64%) reported their children were present when they used drugs. One or (4%) reported their children as not being present. Seven or (28%) reported their children were never present. One or (4%) did not respond.

Duration of Drug Use Before Children Came Into Custody

The respondents were asked how long they used drugs before their children came into care.

Table 25

Duration of Drug Use Before Children Came Into Custody
(N=25)

How Long Used	Frequency	Percentage
One Month or less	1	4%
Six Months to a Year	14	56%
One Year and a half to 3 Years	9	36%
No Response	1	4%

Mean = 3.16 Median = 3.00 Std. Dev. = .943

One or (4%) of parents reported their drug use one month or less. Fourteen or 56% reported their use as six months to a year. Nine or (36%) reported the used drugs one year and a half to three years. One or (4%) did not respond.

Arrests Related To Substance Abuse

The participants were asked had they ever been arrested as a result of their substance abuse problem.

Table 26

Arrests Related to Substance Abuse (N=25)

Ever Been Arrested	Frequency	Percent
Yes	7	28%
No	18	72%
No Response	2	8%

Mean = 1.72 Median = 2.00 Std. Dev. .458

Seven or (28%) reported yes. Eighteen or (72%)
reported no. Two or (8%) did not respond.

Left Home in Search of Drugs

The participants in the study were asked to
indicate how often they left home in search of drugs:
The results of the findings are as follows:

Table 27

Left Home In Search of Drugs (N=25)

How Often Left Home	Frequency	Percentage
Daily	3	12%
Several Times Per Week	16	64%
Several Days at a Time	5	20%
No Response	1	4%

Mean = 2.00 Median = 2.00 Std. Dev. = .707

Three or (12%) reported they left their homes daily in search of drugs, Sixteen or (64%) reported they left their homes several times per week. Five or (20%) reported they left home several days at a time. One or (4%) did not respond.

Current Childrearing Assistance

The participants were asked to indicate whether or not they felt the current help with childrearing was sufficient. The finds were as follows:

Table 28

Current Childrearing Assistance

Current Childrearing Assistance	Frequency	Percent
Yes	20	80%
No	5	20%

Mean = 1.20 Median = 1.00 Std. Dev. = .408

Twenty or (80%) felt their current help with childrearing was sufficient. Five or (20%) reported the help was not sufficient.

Lastly, the participants were asked whether or not they felt more resources should be made available for intensive treatment of substance abuse problems. The results of the findings are as follows:

Table 29

More Resources for Intensive Treatment Needed (N=25)

	Frequency	Percent
Yes	25	100%
No	0	0

Mean = 1.00 Median = 1.00 Std. Dev. = .00

All of the respondents indicated a need for more intensive treatment of substance abuse.

Summary of Childrearing Practices Frequency of Relapse
and Parents Beliefs Regarding Child Welfare Caseworkers
and Substance Abuse Counselors

The findings on childrearing practices, relapse and parents beliefs revealed that the majority of the respondents indicated that their children were in the custody of the state. The majority of parents had two children in the custody of the state. Ages 29-31 were the majority ages when parents responded that they became disabled to care for their children. When asked whether or not they tried to regain custody of their children a majority of the parents indicated yes. The

majority of parents indicated visiting their children at least once per week.

Open communication was chosen most often as the parents choice of communication with their children. The majority of the parents indicated that their child welfare worker understood their situation some of the time. Some of the time was the answer most often indicated by the parents when asked whether or not the substance abuse worker understood their situation. The majority of the parents indicated they had experienced relapse three or more times. The parents most often indicated that the care of their children changed when they relapsed. Most parents responded that they were unable to care for their children while under the influence of crack/cocaine. The majority of the parents indicated that their children were present when they used drugs. Parents responded that they used drugs one year to three years before their children came into care most often.

The majority of the parents responded that they hadn't been arrested as a result of their drug use. Parents most often indicated that they left home several times per week in search of drugs. Current

childrearing assistance was indicated to be sufficient by most parents. Finally, all of the parents responded that there is a need for more intensive treatment of substance abuse problems.

In addition to the summary of the findings of percentages, a summary of the significant findings and the mean, median and standard deviation are presented. The parents' mean scores for "bought or used" crack/cocaine, "bought or used" alcohol and "bought or used" marijuana were almost identical. The standard deviation for each item were similar indicating much of the same use of substances. The parents' mean scores for ability to care for child while under the influence of crack/cocaine were not substantially different indicating similar degrees of inability to care for children. The mean scores of the parents' care of children when relapsed varied slightly when compared to the standard deviation. Thus, implying the parents' care of their children was similar when they relapsed.

Based on the findings of this study, Hypotheses Number One was accepted.

CHAPTER V

SUMMARY AND CONCLUSIONS

The findings in this study are supportive of most current national data which reported increases in reports of child abuse and neglect whereas substance abuse was a dominant characteristics. (NCPCA, 1988). The majority of the respondents in the study were low-income female single heads of households. These findings are supportive of most current national data which shows that fragile families who are often held together by only the mother are being destroyed as more and more mothers are lured into addiction (Koppelman and Jones, 1989).

The respondents in the study reported poly drug use. These findings are consistent with research which noted that substance abusers particularly crack/cocaine abusers tended to be poly drug users (Vaughn, 1990). The majority of the respondents described their crack/cocaine as having been for the past year only. Previous data (Johanson, 1986) suggested that crack/cocaine addiction occurred rapidly.

All of the parents' children were in the custody of the state. These families require the highest professional skills, agency services and community support (Fanshel, 1975). The majority of parents reported that they did not have children at home. These findings are supportive to data which describes the mothers as behaving in an almost totally disabled manner as maternal figures (Fanshel, 1975) often necessitating assistance with the care of all their children.

The majority of the parents in the study revealed that they utilized physical punishment taking away privileges and talking to their children as methods of disciplining. Parents reported that in terms of communication with their children they usually talk with their children. These findings are unlike data which found that drug abusers tended to come from families where there was scapegoating and hypocritical morality (Jurich, Polson, Jurich, Bates, 1985). Parents reported that they were unable to care for children while under the influence of crack/cocaine. These findings are supportive of data which states an

addicted parent is seldom available to their children (Coulborn, 1984).

Parents described their relationship with their child welfare worker as the worker understanding their situations some of the time. This data is similar to research which stated that the services such as referrals to other services and monitoring is often insufficient to meet their needs (Coulborn, 1984). Parents described their relationship with their substance abuse counselor as the counselor understanding their situation some of the time. These findings are supportive of national data regarding substance abuse treatment which suggested that the resources are very limited. The findings of this study revealed that the majority of the parents reported that they had experienced relapse three or more times. These findings are similar to research which found relapse to be a major problem for social workers and other professionals working with substance abusers and their families (Daley, 1987).

Limitations of the Study

Although the findings of the study show similarities to state and national data, caution is

warranted for generalizing these findings in other location and population groups.

The sample size was limited due to the number consisting of twenty-five participants. There were twenty-five participants in the study. There were four male that participated and the remainder were female. Therefore, generalizations cannot be made when referring to gender, especially males; and the population at large.

The location of the study was Fulton County, Georgia within the predominately African-American inner city. It is clear that this population does not represent all cocaine users in the metropolitan Atlanta area. The geographic distribution of subjects is neither representative of a true cross section of cocaine users in the metropolitan area nor of the cross section nationally. However, the findings might serve to generate research of a larger population and broader geographic areas.

This study focused on frequency distribution rather than statistical testing of variables and therefore is limited in showing relationship between

variables associated with child abuse and neglect and substance abuse.

Another limitation of the study is that a majority of the respondents had low incomes, which are not representative of all parents with substance abuse problems. Finally, the findings of the study are also limited because the majority of the respondents were African-American females. Females of other ethnic origins were not a part of the study. Therefore, these results may not be indicative of all females.

While the majority of the African-American females in this study reported low incomes, this finding is not applicable to all African-American females in that there are different income levels among this population group. Likewise, this finding does not suggest that all African-American females with low incomes have substance abuse problems and abuse their children. Primarily, these findings are limited to the sample population of this study; yet with caution, they might be related to populations with similar characteristics of the study sample.

A review of the literature revealed that crack/cocaine abuse is found among males; different races and reaches a variety of families.

Suggested Research Directions

While substance abuse among parents has been recognized as a significant problem and children are suffering, data upon which to improve child welfare practice and make policy decisions remain imbalanced in a number of cases. Policy makers are only now beginning to recognize the extent of substance abuse within low income families. Therefore, research related to determining whether current child welfare policies are relevant to the changing population of substance abusers who are abusing their children is indicated.

A research direction would be to include a larger sample size. The sample would include research of a larger population and broader geographic areas. Research that would include a larger sample size and broader geographic areas should consider more male participants and more females from other ethnic origins.

Another research direction would be to assess worker's feelings about substance abusers and how those feelings may affect their ability to practice. This might be extended to examine the relationship between

child welfare workers' attitudes toward substance abusers and parents' perception of child welfare workers' understanding their problems. Such research might add to further understanding of the helping relationship and goal setting in child welfare practice with parents who experience substance abuse problems. Additional benefits might be related to alleviating some of the dilemma child welfare workers face in their own homes and the return them to their own as expeditiously as possible.

Father roles are other areas of research directions that can be explored. The researcher could examine whether or not the biological father is in the home or if there is another male figure who functions in the father role. Research in this area might generate more data that could lead to more understanding of the family system that impact children.

CHAPTER VI

IMPLICATION FOR SOCIAL WORK PRACTICE

Based on the results of this study, several implications for social work practice are indicated. Substance abuse is a product of the wider society. The wider society system which may include environmental factors, social and cultural influences might affect the parents childrearing. Therefore, the parental system impacts the child who then becomes a victim of child abuse and neglect. Social workers, practicing with these families should arrange for another responsible caretaker for the children or remove them from the home.

The demographic data in this study showed that single female headed households are being impacted by the problem of substance abuse. Social work might provide services that educates these parents about the dangers of crack/cocaine. Social workers practicing with these families should function autonomously in accord with the type of problem to be solved and the type of solution assessed to be most appropriate. This implies competence in a variety of problem solving

methods as well as personal and professional flexibility and independence.

Multiple or poly drug use by the parents was found to be prevalent among the sample population. Therefore, the social worker would need to be knowledgeable or attain knowledge about the problem of substance abuse. Thus, practice would extend beyond the traditional child welfare practice dimensions.

Some parents reported that they still have some of the children at home with them. This would seem to imply that the parents have some strengths to draw upon. Also it may indicate that there is another responsible caretaker in the home. The review of the literature indicated a need for other responsible caretakers if the parents childrearing practices are significantly impaired.

Current choices of disciplining their children differed from past choices of disciplining their children. This may mean that the parent was educated about appropriate methods of discipline. Social workers should make a conscious effort to develop multi-disciplinary teams and continue to work together to try and conquer these problems.

No one entity can deal with the dual problems of substance abuse and child abuse and neglect. Social workers must be aware of their feelings about substance abusers and child abusers. Consistent training and awareness of their own feelings will help social workers to become more effective workers and a certain standard of professionalism will be upheld. Social workers need to stay abreast of current trends in practice methods with substance abusers and child abusers.

Social work educators should develop courses within the curriculum to address the dual problem of child abuse and neglect and substance abuse. More coordination between professionals and continued efforts towards addressing child abuse issues will strengthen the social work profession.

References

- American Psychiatric Association. (1980) Diagnostic and Statistical Manual of Mental Disorders (3rd ed.), Washington, D. C.
- Atkinson, C., Abrams, F., West, K., Durfee, M. (1990). A Community Response to Drug Exposed Infants. (pp. 1-54) Denver, Colorado.
- Barker, R., (1987) The Social Work Dictionary. Maryland: National Association of Social Workers.
- Bowers, B. (May 1989), Crack and AIDS: An Ethnic Graphic Impression, Journal of the National Medical Association, 81,5, 538-540
- Chasnoff, I.J. (1988, July) Cocaine Abusers As Mothers. Pediatrics, 82(1), 136-137.
- Coulborn, K. (1984), Permanency Planning with Scarce Resources, Children Today, March-April, 3-26
- Dackis, A., Gold, M., (1987) Central stimulant abuse: Neurochemistry and Pharmacotherapy. Advances in Alcohol and Substance Abuse, 6(2), 7-21.
- Daley, D. (1987) Relapse Prevention with Substance Abusers: Clinical Issues and Myths Social Work, Social Work, 32 (2), 138-141.

- Ebeling, N., Hill, D. (Eds.) 1968, Child Abuse and Neglect. A Guide with Case Studies for Treating the Child and Family: London: Wright and Sons
- Fanshel, D., (1975). Parents Failure and Consequences for Children. American Journal of Public Health, 6, 604-612.
- Feig, L. (August, 1990). Drug Exposed Infants and Children Services Needs and Policy Questions. Washington, D. C., Department of Health & Human Services.
- Ferguson, D., Fulton County Department of Family and Children Services. (1990). Emergency Services Program Annual Report. Atlanta, Georgia.
- Fraser, M. (Dec. 1987), Reconsidering Drug Involvement Among Youth and Young Adults: Implications for Targeted Primary Prevention, Journal of Sociology and Social Welfare, 14(4)
- Fulton County Department of Family and Children Services. (1991). Definitions of Child Abuse and Neglect. Atlanta, Georgia
- Gyls, J. (1988) Cocaine Industry and Demographic Patterns of Consumption. International Social Science Review, 63(2)

- Helper, R., Kempe, C. (1976) Child Abuse and Neglect: The Family and the Community. Mass. Ballinger
- Holzhafer, R. (Fall, 1979). The Addiction Syndrome - A Model Training Program For Counselors. Alcohol Health and Research World, 28-30.
- Howard, W. (1989, March). Growing Drug Abuse Fuels 5% Rise in Child Abuse and Neglect Deaths. Child Protection Report, P. 1. Washington, D. C.
- Howard, J., Cocaine and Its Effects on the Newborn, Developmental Medicine and Child Neurology, 31,2, April 1989, 255-257.
- Johanson, C. (1986) Cocaine: The New Epidemic. New York: Citelsea House.
- Jurich, A., Polson, C., Jurich, J., and Bates, R., (1985) Family factors in the lives of drug users and abusers. Adolescence, 77, 150-154.
- Koppelman, J., Jones, J. (1989). Crack: Its Destroying Fragile Low-Income Families. Public Welfare, 13-15.
- Mayer, J., Black, R. (1977). Child Abuse and Neglect in Families with an Alcohol and Opiate-addicted parent. Child Abuse and Neglect, 85-98.

National Committee for the Prevention of Child Abuse.

(1988) Annual Report. Chicago, Illinois.

National Roundtable on CPS Risk Assessment and

Family Systems. (1987). Washington, D.C.:

American Public Welfare Association.

Peele, S. (1989) Ain't Misbehavin" Addiction has become
an all purpose excuse, The Sciences, 29,4, July-
Aug. 14-21

Post, R.M. (1975) "Cocaine Psychoses" A continuum
model. American Journal of Psychiatry, 132, 225-
231.

Saltzman, A. (1986) Reporting Child Abusers and
Protecting Substance Abusers. Child Abuse and
Neglect, 474-475.

Vaughn, J. (1990) Division of Family and Children
Services Substance Abuse Task Force. Georgia
State Department of Human Resources, Atlanta,
Georgia

APPENDIX A

QUESTIONNAIRE

"Substance Abuse and Its Relationship to Child Abuse and Neglect."

DATE _____

This questionnaire has been approved by the Fulton County Department of Family and Children Services. I am a student at Clark Atlanta University's School of Social Work. I am studying substance abuse and its relationship to child abuse and neglect. The study is designed to obtain additional understanding of parents who encounter problems related to the use of drugs and still have childrearing responsibilities. Parents are requested to be a part of this study by completing this questionnaire. Your participation is voluntary and strictly confidential. Your name, address or any other identifying data will not be used in the study.

Please check () the answer that represents your view of the question.

I. DEMOGRAPHICS

1. What is your sex?

1.1 Female _____

1.2 Male _____

2. What is your age?

2.1 18-25 _____

2.2 26-30 _____

2.3 31-35 _____

2.4 36-40 _____

2.5 41-45 _____

2.6 46-50 _____

2.7 50 or older _____

3. What is your highest level of education?

3.1 Some high school _____

3.2 High school graduate _____

3.3 Some college _____

3.4 College graduate _____

3.5 Some graduate school _____

3.6 Graduate Degree _____

4. What is your marital status? Please check your answer.

4.1 Single _____

4.2 Married _____

4.3 Separated _____

4.4 Divorced _____

5. What is your religious preference?

5.1 Protestant _____ (baptist, methodist, catholic)

5.2 Muslim _____

5.3 Jewish _____

5.4 Other _____

6. What is your Annual Income? Please check () your answer.

- 6.1 \$0 - 10,000 _____
- 6.2 10,001 - 15,000 _____
- 6.3 15,001 - 20,000 _____
- 6.4 20,001 - 25,000 _____
- 6.5 25,001 - 26,000 _____
- 6.6 26,001 - 30,000 _____
- 6.7 30,001 or over _____

7. What is your Race?

- 7.1 African/American _____
- 7.2 White _____
- 7.3 Hispanic _____
- 7.4 Oriental _____
- 7.5 Mixed (more than one race) _____

II. USE OF SUBSTANCE

Please check () the answer that best describes your response.

8. Which of the following drugs have you bought or used?

- 8.1 Marijuana _____
- 8.2 Cocaine _____
- 8.3 Crack _____
- 8.4 Speed _____
- 8.5 Alcohol _____
- 8.6 None of the above _____

9. How old were you when you first tried the following drugs? Please place your age in the blank beside the name of the drug.

- 9.1 Alcohol _____
- 9.2 Crack _____
- 9.3 Cocaine _____
- 9.4 Marijuana _____
- 9.5 Heroin _____
- 9.6 Speed _____
- 9.7 Does not apply _____

10. What drugs have you used in the past months? (Use the frequency code by placing the number of the code in the blank beside the name of the drug).

- 10.1 Daily 10.2 At least once a week
10.3 Less than weekly 10.4 Not at all

Alcohol _____
Crack _____
Marijuana _____
Heroin _____

11. How long has your use of crack/cocaine been at this level? Please check () the blank that represents your answer.

- 11.1 Always _____
11.2 Past few years only _____
11.3 Past year only _____
11.4 Past six months _____
11.5 None of the above _____

III. CHILDREARING. Please check () the answer that represents you answer.

12. Are your child(ren) in the legal custody of the state?

- 12.1 Yes _____
12.2 No _____

13. Was you child's placement?

- 13.1 Voluntary _____
13.2 Involuntary _____

13a. How many children do you have in custody?

- 13.3 1 _____
13.4 2 _____
13.5 3 _____
13.6 4 or more _____

14. What age do you feel that you became disabled to care for your child(ren)?

- 14.1 17-18 _____

- 14.2 19-20 ____
14.3 21-23 ____
14.4 24-28 ____
14.5 29-31 ____
14.6 32-37 ____
14.7 38-45 ____

14a. Do you have children who are not in placement and are with you at home?

- 14.8 Yes ____
14.9 No ____

If yes, what are their ages? ____, ____, ____

15. Have you attempted to regain custody of your children?

- 15.1 Yes ____
15.2 No ____

16. How often do you visit your children?

- 16.1 Everyday ____
16.2 Every other day ____
16.3 Once per week ____
16.4 Once every two weeks ____
16.5 Once every three weeks ____
16.6 Once a month ____

17. How did you discipline your child(ren) before the child(ren) came into care?

- 17.1 Physical punishment (whipping, slapping) ____
17.2 Punishment (take away privileges) ____
17.3 Talk to your child(ren) ____
17.4 Other. Please explain ____
-

18. What are your current choices of discipling your child(ren)? Please rank in order

- 18.1 Physical ____
18.2 Punishment ____
18.3 Talk to your child(ren) ____

19. What is your relationship to your child(ren) in terms of communication?

- 19.1 Open (we talk together) ____
19.2 Closed (I do all the talking) ____

20. In your opinion, do you think your child welfare worker understands your situation?

- 20.1 Some of the time ____
20.2 All of the time ____
20.3 Never ____

21. In your opinion, does your substance abuse worker understand your situation?

- 21.1 Some of the time ____
21.2 All of the time ____
21.3 Never ____
21.4 Does not apply ____

22. Have there been times you have felt that your substance abuse problem has been solved?

- 22.1 Yes ____
22.2 No ____

23. Have you ever experienced relapse? Yes ____ No ____ If yes, please check () the number of times.

- 23.1 One ____
23.2 Two ____
23.3 Three or more times ____

24. Did the care of your child change when you relapsed?

- 24.1 Yes ____
24.2 No ____

Explain _____

25. While under the influence of crack/cocaine are you able to care for your child(ren)?

25.1 Yes ____

25.2 No ____

26. Are your children present when you do drugs?

26.1 Sometimes ____

26.2 Always ____

26.3 Never ____

27. How would you describe your behavior after you use drugs?

28. How long had you used drugs before your children came into fostercare?

28.1 One month or less ____

28.2 2-6 months ____

28.3 6 months to a year ____

28.4 One year and a half to 3 years ____

29. Do you feel good about yourself?

29.1 Sometimes ____

29.2 Always ____

29.3 Never ____

30. Have you ever been arrested as a result of your substance abuse problem?

30.1 Yes ____ If yes, how many times? ____

30.2 No ____

31. Did you refer yourself to Alcohol and Drug Treatment?

31.1 Yes ____

32. How often did you leave home in search of drugs?

- 32.1 Daily _____
32.2 Several times a week _____
32.3 Several days at a time _____

33. Do you think that help with rearing your child(ren) is sufficient?

- 33.1 Yes _____
33.2 No _____
33.3 Explain _____
- _____
- _____

34. Do you think more resources should be made available for intensive treatment of substance abuse problems?

- 34.1 Yes _____
34.2 No _____
34.3 Explain _____
- _____
- _____

Your participation in this survey is greatly appreciated.
Your name and answers will be confidential.

Sincerely,

Michelle Thomas, BSW
Graduate Student
Clark Atlanta University

Consent Form

1. I have been informed that the results of this study are available upon my request.
2. I am willingly participating in this study and can refuse to answer any questions.
3. I understand all necessary precautions will be used to ensure my anonymity.

Signature

Date